Sepsis: Triage Triggers, Outcomes Quicker

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Sepsis: Triage Triggers, Outcomes Quicker

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Background

• In the U.S., 42,000 children develop sepsis each year.
• Evidence-based literature recognizes early identification and treatment as the number one determinant of sepsis outcomes.
• Children’s Mercy (CM) sees an average of 20 cases of severe sepsis a month.
• CM is a part of the Improving Pediatric Sepsis Outcomes (IPSO) collaborative.
• Newly Licensed Nurse Residency Program (NLNRP) members collaborated with the CM IPSO team towards their goal to increase the recognition and identification of patients at risk for severe sepsis to improve timeliness of care to impact morbidity and mortality.

AIM Statement

• Increase ED nurses’ knowledge in identifying and treating the first signs and symptoms of sepsis from 21% to 50% by August 2018.

Methods

PDSA #1 Revised badges

PDSA #2 Revised sepsis tool

PDSA #3 Staff education presentations

PDSA #4 Sepsis job aid

Outcomes

Identification/Recognition of Sepsis

85% Improvement

Next Steps

• Focus on blood pressure assessment occurring in febrile patients under age 3.
• Improve data to share on how tool impacts patients via case studies.
• NLNRP Winter 2018 team is working on this currently.

References

3. https://www.childrensmercy.org/Health_Care_Professionals/Medical_Resources/Evidence_Based_Practice/Sepsis/Sepsis_ED_INPATIENT_Algorithm/

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